

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>CMH</i>	<i>67477</i>	<i>03/20/02</i>
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	10	
2	✓	11	
3	✓	12	
4	✓	13	
5	✓	14	
6	✓	15	
7	✓	16	
8	✓	17	
9	✓	18	
10	✓	19	
11	✓	20	
12	✓	21	
13	✓	22	
14	✓	23	
15	✓	24	
16	✓	25	
17	✓	26	
18	✓	27	
19	✓	28	
20	✓	29	
21	✓	30	
22	✓	31	
23	✓	32	
24	✓	33	
25	✓	34	
26	✓	35	
27	✓	36	
28	✓	37	
29	✓	38	
30	✓	39	
31	✓	40	
32	✓	41	
33	✓	42	
34	✓	43	
35	✓	44	
36	✓	45	
37	✓	46	
38	✓	47	
39	✓	48	
40	✓	49	
41	✓	50	

Claim	Final	Original	Date
51	✓	51	
52	✓	52	
53	✓	53	
54	✓	54	
55	✓	55	
56	✓	56	
57	✓	57	
58	✓	58	
59	✓	59	
60	✓	60	
61	✓	61	
62	✓	62	
63	✓	63	
64	✓	64	
65	✓	65	
66	✓	66	
67	✓	67	
68	✓	68	
69	✓	69	
70	✓	70	
71	✓	71	
72	✓	72	
73	✓	73	
74	✓	74	
75	✓	75	
76	✓	76	
77	✓	77	
78	✓	78	
79	✓	79	
80	✓	80	
81	✓	81	
82	✓	82	
83	✓	83	
84	✓	84	
85	✓	85	
86	✓	86	
87	✓	87	
88	✓	88	
89	✓	89	
90	✓	90	
91	✓	91	
92	✓	92	
93	✓	93	
94	✓	94	
95	✓	95	
96	✓	96	
97	✓	97	
98	✓	98	
99	✓	99	
100	✓	100	

Claim	Final	Original	Date
101	✓	101	
102	✓	102	
103	✓	103	
104	✓	104	
105	✓	105	
106	✓	106	
107	✓	107	
108	✓	108	
109	✓	109	
110	✓	110	
111	✓	111	
112	✓	112	
113	✓	113	
114	✓	114	
115	✓	115	
116	✓	116	
117	✓	117	
118	✓	118	
119	✓	119	
120	✓	120	
121	✓	121	
122	✓	122	
123	✓	123	
124	✓	124	
125	✓	125	
126	✓	126	
127	✓	127	
128	✓	128	
129	✓	129	
130	✓	130	
131	✓	131	
132	✓	132	
133	✓	133	
134	✓	134	
135	✓	135	
136	✓	136	
137	✓	137	
138	✓	138	
139	✓	139	
140	✓	140	
141	✓	141	
142	✓	142	
143	✓	143	
144	✓	144	
145	✓	145	
146	✓	146	
147	✓	147	
148	✓	148	
149	✓	149	
150	✓	150	

If more than 150 claims or 10 actions  
staple additional sheet here